body. The area of cardiac pulsation is increased. In one case hypertrophy and dilatation of both ventricles developed.

It is thus seen that this disease is essentially a combined psychosis and neurosis. At any rate almost all the disease manifestations point to a cerebral basis, and hence the term "railway-spine" should be abolished. Nor should traumatic hysteria, or Page's traumatic neuræsthenia be substituted. Under the conception of traumatic neurosis and traumatic psychosis the greatest majority of the cases may be included. One limitation should be made for those cases which, few in number, show bladder disturbance, iridoplegia, and optic nerve atrophy; cases which show material changes in the central nervous axis concerning which we have not yet been enlightened. N. E. B.

PRIMARY ACTINOMYCOSIS OF THE HUMAN BRAIN (Munchner Med. Wochenschrift, 1887, No. 41).

The patient, a female of sixteen years, complained one year before death of severe headache, to which there was added a paresis of the left abducens. Six months after this she was delivered of a healthy boy. The headache progressively increased in severity, and attacks of unconsciousness, short in duration, supervened. Later there were vomiting, coma, death. The diagnosis was a cerebral tumor.

The autopsy showed a tumor the size of a hazel nut in the third ventricle, chronic internal hydrocephalus, with marked distension of all the cerebral ventricles. The tumor contained an albuminous mass, containing mucin and large granulation cells and innumerable characteristic colonies of actinomyces. N. E .B.

THE DIAGNOSIS OF PREMATURE CRANIAL SYNOSTOSES.

At a meeting of the Imperial Society of Physicians in Vienna, Meynert presented two cases of premature closure of the cranial sutures. The one a boy of 9½ years, who was also hydrocephalic, and whose cranium, as a result of synostosis of the entire sagittal sutures, was remarkably long, very much arched from behind forwards, and presented the appearance of a boat whose keel is directed upwards (scapho-cephalic). In addition the eyes were very deeply set, which was explained by the fact that the antero-posterior diameter being so remarkably long the orbits developed in a similar manner and thus became very deep, and since the bulbi were not long enough to fill the orbits, they appear to lie deeply therein.

The second case was one of a man 35 year old, who had had epilepsy since his 12th year, and whose head was dome shaped. This was explained by Meynert to be due to a premature synostosis of the lateral parts of the coronal sutures, whereby a shortening of the anterior part of the cranial cavity occurred and similarly involving the orbit so that the individual appeared to be flat-eyed (oxy-cephalic). Meynert attempts to elucidate with these two cases a diagnosis *in vivo* of premature cranial synostosis. Synostosis of the middle portion of the coronal suture produces a bulging in the occipital region, and a diminution in size of the frontal and parietal regions, the brain being crowded backwards. Synostosis of the lateral parts of the coronal suture the growth of the frontal and parietal regions is hindered and a shortening of the orbit (flat-eye) results. Ossification of the posterior part of the sagittal suture, the breadth of the cranium, is diminished, and the cranium becomes posteriorly very small.

The following points are characteristic in defining a synostotic (oxy-cephalic) cranium :

1. Subnormal horizontal circumference (Nanna-cephalus).
2. Vertical diameter larger than the horizontal.
3. The vertical diameter, however, must possess this character: the vertical index must be brachycephalic.
4. The flat eye. N. E. B.

TYPICAL DIPHTHERITIC PARALYSIS.

This affection comes on some little time after the acute illness has subsided. The paralysis (which involves sensory and motor nerves alike) tends to be of symmetrical